



**Fort Detrick Chapel VBS 2007**

**July 23<sup>rd</sup> - 27<sup>th</sup>**

**Parent /Guardian Information**

<b>1.Name:</b>	<b>Last</b>		<b>First</b>		<b>Volunteer</b>
<b>2.Name:</b>	<b>Last</b>		<b>First</b>		<b>Volunteer</b>
<b>Address:</b>	<b>Street</b>				
	<b>City</b>			<b>State</b>	<b>Zip</b>
<b>Home Phone:</b>		<b>1. Cell:</b>		<b>2. Cell</b>	
<b>Email Address:</b>					
<b>Email Address:</b>					

**Emergency Contact Information**

Primary Emergency Contact			Secondary Emergency Contact		
( )		( )	( )		( )
Home Phone		Work Phone	Home Phone		Work Phone
Address			Address		
City, ST ZIP Code			City, ST ZIP Code		

**Medical Consent:**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures, as may be performed, or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date:

**Note:** If volunteering in any capacity please check the box next to your name.



## Children's Information

<b>Child 1</b>	<b>Last</b>	<b>First</b>
<b>Nick Name:</b>		<b>Last Grade completed:</b>
<b>Birth date:</b>	<b>T-Shirt Size:</b> Juniors: Small/ Medium / Large Adult: Small / Medium / Large / X-Large	
<b>Allergies:</b> Y / N  <b>Medication Allergies:</b> Y / N		<b>List:</b>

<b>Child 2</b>	<b>Last</b>	<b>First</b>
<b>Nick Name:</b>		<b>Last Grade completed:</b>
<b>Birth date:</b>	<b>T-Shirt Size:</b> Juniors: Small/ Medium / Large Adult: Small / Medium / Large / X-Large	
<b>Allergies:</b> Y / N  <b>Medication Allergies:</b> Y / N		<b>List:</b>

<b>Child 3</b>	<b>Last</b>	<b>First</b>
<b>Nick Name:</b>		<b>Last Grade completed:</b>
<b>Birth date:</b>	<b>T-Shirt Size:</b> Juniors: Small/ Medium / Large Adult: Small / Medium / Large / X-Large	
<b>Allergies:</b> Y / N  <b>Medication Allergies:</b> Y / N		<b>List:</b>



<b>Child 4</b>	<b>Last</b>	<b>First</b>
<b>Nick Name:</b>		<b>Last Grade completed:</b>
<b>Birth date:</b>	<b>T-Shirt Size: Juniors: Small/ Medium / Large</b> <b>Adult: Small / Medium / Large / X-Large</b>	
<b>Allergies: Y / N</b> <b>Medicación Allergies: Y / N</b>		<b>List:</b>

<b>Child 5</b>	<b>Last</b>	<b>First</b>
<b>Nick Name:</b>		<b>Last Grade completed:</b>
<b>Birth date:</b>	<b>T-Shirt Size: Juniors: Small/ Medium / Large</b> <b>Adult: Small / Medium / Large / X-Large</b>	
<b>Allergies: Y / N</b> <b>Medicación Allergies: Y / N</b>		<b>List:</b>

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Fort Detrick Chapel to use the image of my child/children, \_\_\_\_\_.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Fort Detrick Chapel Web site.

- ☐ Deny permission to use my child's image at all.  
☐ Grant permission to use my child's image.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_